Legislative Proposal for a Pilot Program: The Patient Outcome Bonus Act

To the Honorable Justices of the [Nevada] Supreme Court,

I. Preamble: Statement of Intent & Crisis
This proposal addresses a critical failure in the incentive structure of our healthcare system, particularly in mental health. The current fee-for-service model often rewards volume over value, and patient outcomes are not the primary metric for success. This proposal seeks to pilot a new compensation model that directly aligns the financial interests of medical professionals with the long-term health and well-being of their patients, fostering innovation and collaboration in treatment.

II. The Core Mechanism: The Outcome-Based Bonus System
This act proposes a pilot program to restructure compensation for medical professionals within the state, moving from a purely service-based model to a hybrid model with a strong outcomes-based component.

- A. Base Salary Adjustment: To fund the new bonus pool, the base salary for participating medical professionals would be adjusted to a competitive yet sustainable level. *(Note: This is the "cut," but we frame it as a "adjustment" to enable a new, larger opportunity.)*
- B. Tiered Bonus Structure: A significant portion of potential earnings (20-50% of the adjusted base salary) would be moved into a performance-based bonus pool, awarded annually based on verifiable patient outcomes.

III. Defining "Successful Outcomes"
Success must be broadly and humanely defined to encourage holistic care, not just symptom suppression. Metrics include:

- Quantitative Improvement: Standardized assessments showing improvement in patient-reported well-being, quality of life, and functional capacity.
- Stability & Grounding: Successfully navigating mental health challenges without crisis hospitalization is seen as a positive outcome, indicating resilience and effective coping strategies.
- Collaborative Care: Bonus multipliers for professionals who demonstrate collaboration with a patient's broader support network, including

community-based, herbal, and integrative health practitioners (where appropriate and consented to by the patient).

IV. Benefits of the Pilot Program

1. For Patients: Receive more engaged, innovative, and holistic care focused on genuine well-being.
2. For Practitioners: Top-performing doctors and nurses are rewarded significantly for their success, creating a culture that celebrates healing.
3. For the State: Reduces long-term costs associated with crisis care and repeat hospitalizations by promoting sustainable health. Positions the state as a leader in healthcare innovation.

V. Enforcement and Review

- An independent board, including patient advocates and ethical medical professionals, would oversee outcome verification and bonus distribution.
- The pilot program would be subject to a rigorous five-year review to assess its impact on patient outcomes, practitioner retention, and state healthcare costs.

Counter-arguments and rebuttals:

For those concerned of a “brain drain” as an argument against personal and broader incentives, note that this does not punish doctors for wanting to heal their patients, this sparks a growth factor for patients. In which, vitality and life-long happiness are essentials more broadly.

V. Anticipated Challenges and Policy Safeguards

This proposal has been designed with potential concerns in mind. The following addresses the most significant challenges directly:

- 1. Concerning "Doctor Retention and 'Brain Drain'":
  - Challenge: It may be argued that adjusting base compensation could disincentivize medical professionals from practicing within the state.
  - Response: This proposal is not a reduction in potential earnings, but a reallocation toward performance-based excellence. The current system fails to adequately reward our most compassionate and effective healers, often driving them to burnout. This act would make the state a national leader in valuing patient outcomes, thereby attracting top-tier talent motivated by genuine success, not just volume. It rewards and retains the very doctors the current system loses.
- 2. Concerning "Administrative Burden and Measurement":
  - Challenge: Measuring "patient well-being" may be viewed as subjective and create a costly bureaucratic apparatus.
  - Response: The pilot program will utilize established, validated patient-reported outcome metrics (PROMs) already in use in clinical studies and progressive healthcare institutions. The administrative cost is a targeted investment. It is dwarfed by the long-term societal savings generated by a healthier population and a reduction in crisis-care dependency. The current system's administrative burden is dedicated to billing and denial management; this proposal shifts that focus toward outcome verification.
- 3. Concerning "Scope and Legal Authority":
  - Challenge: The scale of this change may be seen as a matter for the legislative branch.
  - Response: This proposal is structured as a limited, data-driven pilot program. It is a measured response to a demonstrable crisis in public health and welfare, a core area of the state's interest. It does not seek to overturn the medical system but to test a more accountable and effective

model within a confined framework, providing valuable data for future legislative action.

B. **Tiered Bonus Structure**:
A significant portion of potential earnings would be moved into performance-based incentives, awarded on two tracks:

1. Immediate Collaboration Incentive (Paycheck Bonus): A bonus of 5-10% of bi-weekly or monthly pay, awarded for verified collaborative efforts. This includes documented consultations with community health workers, integrative practitioners, or patient-advocated specialists, ensuring care is holistic and coordinated.
2. Long-Term Outcome Bonus (Annual Bonus): A larger annual bonus (20-50% of base salary) awarded for demonstrated, measurable patient improvement against established well-being metrics.

This two-pronged approach ensures that the methods (collaboration) are rewarded in the short term, while the results (patient health) are celebrated and rewarded in the long term. This will be huge for doctors who want to ensure they're being paid with the work they truly deserve.

Signing Off: